## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FRE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and sotification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block ) for any change of address) Note: A certificate of mailing can only be used for dominatic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 01/25/2005 Certificate of Mailing or Transmission
I hereby certify that this Pon(s) Transmission is being deposited with the United
States Postal Service with suffigerit pustage for first class mail in an envelope
addressed to the Agil Stop ASSUE/FEE address shove, or being fleminile
transmitted to the ASFTO (203) 746-4000, on the date indicated below. HOWISON & ARNOTT, L.L.P P.O. BOX 741715 DALLAS, TX 75374-1715 Gregory M. Howison FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILDIO DATE 09/491,142 01/26/2000 Jeffry Jovan Philysw PHLY-24,910 TITLE OF INVENTION: INPUT DEVICE FOR ALLOWING INPUT OF A UNIQUE DIGHTAL CODE TO A USER'S COMPUTER TO CONTROLL ACCESS THEREOF TO A WEB SITE ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUB DATE DUE APPLIN, TYPE SMALL ENTITY 04/25/2005 YES \$700 \$700 50 nomicovisional EXAMINER ART UNIT CLASS-SUBCLASS 2141 VAUGHN JR, WILLIAM C 709-229000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list HOWISON & ARNOTT, L.L.P. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Pee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Nümber is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an entire the below, the secondarian as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filing an assignment. 769.00 02 (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE L. V. PARTNERS, L.P. Dallas, Texas Please check the appropriate assignme category or categories (will not be printed on the patent) : 🚨 Individual 🔞 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Ports PTO-2035 is attached. The Director is hereby ashborized by change the required fee(s), or credit any overpayment, to Deposit Account Number 20, 0780/93-8, v 24,040, (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1:27(g)(2). The Director of the USPTO is requested to sprill the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone either than the applicant; a registered attorney or agent, or the assignee or other party is interest as shown by the records of the Organic States Patent and Tyademark Office. 4/19/03 Authorized Signature Gregory M. Howison 30,646 Registration No. Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Passetts, P.O. Box 1450 Alexandria, Virginia 22313-1450.

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PAGE 4/10 \* RCVD AT 4/19/2005 7:02:38 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/2 \* DNIS:8729306 \* CSID:972 479 0464

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Effective on 12/08/2004.					Complete If Known				
Fees pursuant to the Consolidated Appropriations Act; 2005 (H.R. 4818).					Application Number 09/491,		\$2		
FEE TRANSMITTAL For FY 2005				Filing Da	Filing Date January		y 26, 2000		
				First Nan	ned inventor	Philyaw			
Applicant object and partition of the Company of the Company					r Name	William C. Vaughn, Jr.			
✓ Applicant claims amail entity status. See 37 CFR 1.27						2143			
TOTAL AMOUNT OF PAYMENT (\$) 700.00				Attorney	Docket No.	PHLY-24	910		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 20-0780/PHLY-24,910 Deposit Account Name: Howison & Arnott, L.L.P.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1,16 and 1,17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
Application Ty	ma Fer	Small (\$) Fee		Small Er \$) Fee (\$		(\$) Fee		Fees Paid (\$)	
Utility	30		<del>-</del> ' -	250	200				
Design	20				130			**************************************	
Plant	20			150	160		-		
Reissue	30		<u>-</u>	250	600	•			
Provisional	20			0	(				
2. EXCESS CLAIM FEES Small Entity									
Fee Description							<u>≥e (\$)</u>	Fee (5)	
Each claim over 20 (including Reissues)							50 200	25 100	
Each independent claim over 3 (including Reissues) Multiple dependent claims								180	
		Claims	Fee (\$) Es	Fee Paid (\$)		_	360 Itipia Depi	endent Claims	
- 20	or HP =	×		_ =			ee (\$)	Fee Paid (\$)	
HP = highest numb	Exto	paid for, if gre Claims		Fee Paid (\$)				<del></del> .	
	r HP =	K claims paid fo	or, if greater than 3.						
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets		a Sheets	.S.C. 41(a)(1)(d) Number of ea 50 =	ch addition:	al 50 or fraction to a whole no		Fee (\$	i) <u>Fee Paid (\$)</u>	
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)									
Other (e.g., late filing syrcharge): Payment of Issue Fee 700:09									
SUBMITTED BY									
Signature	8 hr. n	tan		Registration	1 No. 30,646	ľ	Telephone	972/680-6050	
ame (Print/Type) Gregory M. Howison					Attorney/Agent) 90,848			Date 9/19/05	
The collection of information is construct by 37 CFR 1 138. The information is required to obtain or retain a benefit by the public which is to file (and by the									
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including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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